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## BIB DATA SHEET

CONFIRMATION NO. 5921

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/813,968	03/31/2004 RULE	705	3626	228278	
<b>APPLICANTS</b> Howard R. Underwood, Bryn Mawr, PA; Walter Kastenschmidt, North Wales, PA;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 06/11/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /KRISTINE K RAPILLO/ Acknowledged <u>Examiner's Signature</u>	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWINGS</b> 13	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> LEYDIG VOIT & MAYER, LTD TWO PRUDENTIAL PLAZA, SUITE 4900 180 NORTH STETSON AVENUE CHICAGO, IL 60601-6731 UNITED STATES					
<b>TITLE</b> System and method for administering health care cost reduction					
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		